

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>		c. CITY OR TOWN <b>CHILLICOTHE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>425 MILWAUKEE ST.</b>		d. STREET ADDRESS (If outside, give location) <b>903 WOODWARD ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>WESLEY</b> Last <b>GOODMAN</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/29/1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	9. AGE (last birthday) <b>69</b>
13a. FATHER'S NAME <b>JAMES GOODMAN</b>		13b. MOTHER'S MAIDEN NAME <b>FANNIE FRAZIER</b>	14. NAME OF HUSBAND OR WIFE <b>AMANDA WHITWORTH</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) <b>YES WWI</b>		17. INFORMANT <b>903 Woodward St. Mrs. G.W. Goodman Chillicothe, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 2-1962</b> to <b>June 15-62</b> and last saw her alive on <b>June 2-1962</b> Death occurred at <b>5:00</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Norman Taylor D.O.</b> (Degree or title)	
22b. ADDRESS <b>Chillicothe Mo 6-16-62</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/18/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TOLLE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>GRUNDY COUNTY, MISSOURI</b>
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 16, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Annabel Taylor</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

DATE AMENDED

ITEM NO.

3  
4 0  
5 1  
6  
7 0  
8 2  
9 4201  
10  
11  
12 91-2  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. #108